

ADOLESCENT FAMILY LIFE PROGRAM (AFLP)/ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM (ASPPP)

Introduction

These Policies and Procedures are to be followed for all programmatic and budgetary issues pertaining to the AFLP and ASPPP in conjunction with the SOW and the May 2000 Program Standards. This manual is subject to revision throughout the fiscal year. As changes occur, all AFLP/ASPPP providers will be notified in writing by means of an AFLP/ASPPP Policy Letter. It is the agency's responsibility to revise their current operating practice to comply with revisions contained in the policy letters sent by the MCH Branch until the policy can be incorporated into the updated edition of the Policies and Procedures Manual. A new AFLP/ASPPP Policies and Procedures Manual will be issued at the beginning of each fiscal year and will be available on the MCH website.

Background

The AFLP and ASPPP are comprised of specific strategies to achieve their distinct but related goals. The AFLP provides comprehensive case management for pregnant and parenting teens. The ASPPP provides comprehensive case management services to the highest risk siblings of pregnant and parenting teens who are enrolled in AFLP or Cal-Learn. Cal-Learn is a mandatory program that provides case management services according to AFLP standards and is intended to assist all pregnant and parenting teens receiving public assistance (cash aid) to complete high school. Presently, there are 43 AFLP programs in 40 counties who serve over 16,000 clients per year. Of the 43 programs, 18 provide ASPPP services to approximately 2,000 clients. Many programs also provide Cal-learn case management in order to create a seamless system of care to eligible teens in the area.

Program standards for AFLP were developed in 1993 as a result of a collaborative effort between AFLP program directors and MCH State staff. In 1997, ASPPP standards were developed and revisions were made to the AFLP program standards. These standards were published in May 2000 and are referred to as the MCH case management model. The standards describe the framework and structure for providing AFLP and ASPPP case management services.

Legislative and funding highlights are as follows:

- 1985 AFLP commenced as an administrative initiative with Title V MCH Block Grant funding to 27 providers.
- 1988 Legislation provided statutory authority for the program (H&S Sec.124175).
- 1991 \$2 million in State General Funds (SGF) were added to expand services to 5 additional agencies.
- 1993 Legislation authorizing the Cal-Learn Program in the State Department of Social Services required all Cal-Learn programs to adopt AFLP Standards.
- 1996 Budget Act augmented AFLP by \$10 million in SGF, which added 12 new agencies to the program and also established the ASPPP to provide services for

the non-pregnant/non-parenting siblings of AFLP and Cal-Learn clients at high risk for pregnancy.

2000 Governor Gray Davis authorized an additional \$3 million in SGF for a rate increase for AFLP and ASPPP.

The mission of the Adolescent Family Life Program (AFLP):

- Use case management to enhance, through associations with families and community resources, the health, educational potential, economic opportunity, and self-sufficiency of adolescents during pregnancy and parenthood, and to promote healthy family relationships.
- Develop nurturing relationships in which case managers and adolescents served by the program can work together to prevent subsequent pregnancies and ameliorate the untoward effects of early pregnancy, and make healthy lifestyle choices.
- Promote the development of collaborative, integrated systems of care to support the adolescents during pregnancy and parenthood, support their children, and aid these adolescents to make healthy lifestyle choices.
- Respect the unique, culturally defined needs of our various client populations and communities.

The mission of the Adolescent Sibling Pregnancy Prevention Program (ASPPP) is to:

- Use case management to enhance, through associations with families and community resources, the health, educational potential, economic opportunity, and self-sufficiency of adolescents to prevent pregnancy, and to promote healthy family relationships.
- Develop nurturing relationships in which case managers and adolescents served by the program can work together to prevent pregnancy and make healthy lifestyle choices.
- Promote the development of collaborative, integrated systems of care to support these adolescents to make healthy lifestyle choices.
- Respect the unique, culturally defined needs of our various client populations and communities.

1.0 LOCAL ACTIVITIES

1.1 Policy: The State MCH Branch funds local agencies to conduct ALFP/ASPP programs that serve the needs of pregnant or parenting adolescents and their siblings

1.2 Program Requirements

1.2.1 Each agency will develop and maintain a Standards Implementation Document (SID) (refer to the glossary for definition) that is consistent with the most recent versions of the AFLP/ASPPP Standards and the Scope of Work, and adheres to the format as stipulated in the SID Example (refer to Sample Forms).

1.2.1.1 The SID will be the protocols/policies and procedures by which the agency administers their AFLP and (if applicable) ASPPP.

- The agency must address the rationale, structure, process and when, appropriate, outcome criteria for each program standard.
- Each standard must address who, what, where, when, and how each element within each standard will be met (Refer to SID Example in Sample Forms).
- The SID will reflect current operating practices of the agency and interventions in working with the target population.

1.2.1.2 The SID must be reviewed by the agency on an annual basis and revised as needed by the AFLP/ASPPP Director or a designee of the agency.

1.2.1.3 The Standards Implementation Document (SID) and any subsequent revisions must be submitted to the Maternal and Child Health (MCH) Branch for approval. Submittal must be in accordance with the timeline detailed in the agreement under "Performance Requirements". *Refer to AFLP SOW Page 2*

1.2.1.4 A separate SID must be developed for each program (AFLP and ASPPP).

1.2.1.5 The SID will be available to all staff at each agency site as guidance for the consistent application of policies and procedures.

Note: The state assigned Program Consultant will provide technical assistance in developing Standards Implementation Documents for AFLP/ASPPP providers upon request. Program Consultants may refer to the SID document during site visits to the agencies.

1.2.2 Each agency must develop and maintain a continuous quality assurance (QA) plan that includes oversight and evaluation of program activities and outcomes as outlined in the agency SID.

1.2.2.1 The plan for QA must include, but not be limited to, the following:

- Development of key processes with objectives that insure delivery of quality, safe, and effective case management services for clients in accordance with AFLP and ASPPP standards and SOW
 - These processes will include, but not be limited to the provision of on-going supervision of program activities and review of documentation in client charts
- Evaluation of:
 - Administrative processes used to achieve overall program goals.
 - Case Management process utilized to achieve desired outcomes.
 - Activities completed within the timeframes specified in the SOW and Program Standards
- Periodic (no less than annual) review of progress towards achieving desired objectives for quality assurance.

1.2.2.2 In implementing the QA plan, the agency must allocate sufficient supervisory staff time to oversee/provide QA activities

1.2.2.3 The agency's plan and activities for maintaining quality assurance shall be documented in the Standards Implementation Document.

1.2.2.4 The agency shall maintain documentation of quality assurance activities on file at the agency.

1.2.3 Each agency will work with MCH and other State and local agencies to develop a coordinated system of care focusing on adolescent health and teen pregnancy prevention.

1.2.3.1 A coordinated system of care includes the definition, development, integration, and coordination of all systems of care that support and assist AFLP Clients and ASPPP Clients and their families.

1.2.3.2 The agency will coordinate a seamless system of care between AFLP, ASPPP, Cal- Safe, Cal-Learn, Office of Family Planning Teen Pregnancy Prevention Programs and other programs focusing on adolescent health and teen pregnancy prevention.

1.2.4 Each agency will recruit and collaborate with a service network of local providers to assure appropriate and necessary services for clients.

1.2.4.1 Network activities should be conducted on a quarterly basis and documented by the following:

- roster of network participants
- meeting agendas
 - each meeting must address teen pregnancy and/or pregnancy prevention and related issues

- meeting minutes

1.2.4.2 Formal and/or informal agreements should be developed and include the following:

- services to be provided,
- responsibilities of the agencies involved,
- effective dates of the IA/MOU,
- titles or position of staff responsible for carrying out the services,
- signatures of agency administrators from participating agencies,
- provision for periodic review and update,
- copies of the agreement(s) shall be retained in agency files.

1.2.5 AFLP and ASPPP are voluntary programs that require clients' informed consent to participate.

- Each agency must have a completed consent form signed by the client in the client's record stating the agreement to voluntarily participate in AFLP or ASPPP.
- Client consent to participate in AFLP is governed by statutes relative to minor consent for treatment and/or participation in programs for pregnant and/or parenting teens.
- Parental or guardian consent is required for clients participating in ASPPP. If parental or guardian consent cannot be obtained, clients may be eligible to receive case management for services covered under minor consent statutes.

Note: See California Family Code Sections 6920 through 6929 and other sections of California Code that address minor consent issues.

1.2.5.1 Each agency will have a signed and dated consent form in the client record. The completed consent form will include:

- Client's Name.
- Signature of the client and/or parent or guardian.
- Date consent was signed
- A statement of the services that will be provided.
- A statement of the agencies responsibilities to the client. (i.e. maintain client confidentiality, monthly client contact, mandatory reporter, etc.)
- Agency's expectation of client's responsibility of participating in program
- Explanation of agency's grievance process and procedures.
- Explanation of clients' right to withdraw.
- A statement indicating that all information on the consent was communicated in the Clients' primary language.

Note: Agencies may provide a statement of agency responsibilities to the client as a separate document (e.g. Client Bill of Rights). The agency grievance process and procedures may also be a separate document.

1.2.6 Each agency will maintain confidentiality for clients and client records except as prescribed by law. All client information is considered confidential except in certain, clearly defined circumstances (refer to 1.2.9 Mandatory Reporting).

1.2.6.1 The client record, including all copies, should be kept in a secure location that is inaccessible to unauthorized persons.

1.2.6.2 Prior to release of any client information, each agency will have a release of information in the client record. The release of information must include:

- client's Name,
- client's Signature,
- names of all agencies to which client information may be released,
- time-frames for which release of information is valid
- purpose for release

1.2.6.3 Release of information must be completely filled out before securing client signature.

1.2.7 Each agency will ensure that records are maintained for each client reflecting all services provided and contacts made.

1.2.7.1 A client record shall include, but not be limited to the following:

- consents,
- release of Information,
- assessments,
- all quarterly Individual Service Plans,
- State MIS Data Forms,
- progress notes.

1.2.7.2 The documentation in the client progress notes must include but not be limited to:

- Date, time, place of contact, name of contacted person and affiliation.
- The name and title of the person making the contact.
- Details, including the ongoing assessment, intervention, referrals, follow-up and outcomes.
- Client responses to interventions.

1.2.7.3 Documentation must occur within one week after the client contact.

1.2.7.4 Commonly used abbreviations and acceptable terminology must be defined in the agency Standards Implementation Document.

1.2.8 Each agency shall maintain a system for storage and retrieval of all client records.

1.2.8.1 The client record, including all copies, should be kept in a secure location that is inaccessible to unauthorized persons.

1.2.8.2 The original record may not be removed from the program site until conditions of 1.2.8.3 are met.

1.2.8.3 Client records should be kept for a minimum of three (3) years from the date of final payment under the contract.

1.2.9 Each agency shall have procedures in place that clearly define mandatory reporting requirements for the protection of clients.

1.2.9.1 All reportable incidents (abuse, violence related) covered by these requirements shall be reported to the appropriate local agency.

1.2.9.2 Training on mandatory reporting shall be provided to all staff at orientation and updated as required by law.

- The training shall cover the reporting procedures as dictated by current Federal and State law and regulations and include the following:
 - issues of sexual, physical, emotional, psychological abuse of children;
 - dependent adult abuse;
 - domestic/relationship violence; and
 - access to local systems that address abuse issues.

1.2.10 Each agency will notify the MCH Branch of any unusual incidents or occurrences that may impair/compromise the agency's capacity to deliver services to clients. Notification should include the nature of the reportable incident and a proposed plan for the continuation of services.

1.2.10.1 The program director will notify the MCH Branch Program Consultant and Contract Manager at the earliest opportunity following the occurrence of the incident by telephone and in writing.

1.2.10.2 Occurrences or incidents requiring possible MCH Branch intervention may include but are not limited to the following:

- Damage to the program site such as fire or other destruction.
- Inappropriate or unprofessional behavior by a case manager or other staff to the extent that services are impacted.
- Legal action against the agency.

1.2.11 When an agency is determined to be non-compliant with contract requirements, the agency will receive written notification from the MCH Branch requesting a Corrective Action Plan (CAP) and the MCH Branch may withhold payment of invoices.

1.2.11.1 The Corrective Action Plan will be reviewed by the Program Consultant and discussed with MCH Branch management.

1.2.11.2 If the Corrective Action Plan is accepted, the agency will be notified and payment of invoices will be made in a timely manner.

1.2.11.3 If the Corrective Action Plan is not accepted by the MCH Branch:

- The Branch will identify those areas requiring revision.
- The agency will revise the CAP to include the resolution of the identified issues and resubmit their plan.
- Payment of the invoices may be delayed until a Corrective Action Plan is approved.

1.2.12 An agency may request a waiver of an AFLP/ASPPP requirement and must include the following:

- The nature of the proposal including the circumstances that warrant the waiver.
- Rationale/justification for the proposal and objectives to be accomplished during the waiver period.
- How the waiver will improve/benefit the circumstance/individual
- The anticipated timeline for the waiver period.
- The impact on the program
- The initial request may be submitted by email or fax with formal correspondence to follow.

1.3 Procedures

1.3.1 Submit SID to DHS/MCH for approval

1.3.2 Quality Assurance Plan kept on file for review

1.3.3 Client files to be maintained on-site

1.3.3.1 Files must contain all necessary consent forms and documentation of services provided

1.3.3.2 Client files must remain confidential

1.3.4 Network activities to be documented in program files

1.3.5 Written Corrective Action Plans must be submitted to the MCH Branch within a specified time frame as determined by the state assigned Program Consultant.

1.3.6 Waiver requests must be submitted in writing to the state assigned Program Consultant and Contract Manager.

2.0 PERSONNEL

2.1 Policy: Each agency will maintain an organizational structure that assures the operation and oversight of the AFLP/ASPPP will meet the current Standards, Scope of Work, and Policies and Procedures for each program.

2.2 Program Requirements

- 2.2.1 Each agency will designate a Program Director (see glossary for definition of Program Director) to administer the AFLP and ASPPP. The Program Director shall meet the following requirements:
- possess a Master's Degree from an accredited college or university program in Social Work, Public Health, Nursing, Education, Health Education, or other related health or social science field; (note: an automatic exemption to the education requirements will be granted for those individuals who hold the MCH program director position)
 - be knowledgeable about community organization and resource development;
 - demonstrate an understanding of normal growth and development of children throughout their life span, with special knowledge of adolescent development;
 - demonstrate an understanding of issues and interventions for teen pregnancy prevention and teen pregnancy/parenting;
 - demonstrate theoretical knowledge and practice in the area of case management;
 - possess strong leadership skills with a minimum of two years managerial and/or supervisory experience in a health or social services setting;
 - demonstrate organizational and interpersonal skills needed to work in complex situations;
 - demonstrate awareness and ability to address the culturally unique needs of the target population.

Note: This policy applies to all Program Directors appointed after June 30, 2001.

2.2.1.1 The agency must obtain approval for the project director from the state assigned Program Consultant **prior** to appointment. This includes submission of the candidate's resume, curriculum vitae or application, along with the job description/duty statement, and agency organizational chart showing location of the AFLP/ASPPP director.

2.2.1.2 The agency must notify the MCH Branch in writing prior to any changes (e.g. – FTE, etc.) related to the AFLP/ASPPP director position. (See policy regarding job descriptions/duty statements.)

2.2.1.3 The MCH Branch reserves the option to base continuation of funding on the agency's capacity to recruit and retain a qualified individual as the AFLP/ASPPP director.

- 2.2.2 In the event that the agency has exhausted all avenues for recruitment and is unsuccessful in attempts to recruit a Program Director who meets all of the requirements described above, a request for waiver must be submitted to the MCH Branch for consideration.

Minimum waiver standards:

- possess a Bachelor's Degree from an accredited college or university program in Social Work, Health Services Administration, Nursing, Education, Health Education, or other related health or social science field;
- be knowledgeable about community organization and resource development;
- demonstrate an understanding of normal growth and development of children throughout their life span, with special knowledge of adolescent development;
- demonstrate an understanding of issues and interventions for teen pregnancy prevention and teen pregnancy/parenting;
- demonstrate theoretical knowledge and practice in the area of case management;
- possess strong leadership skills with a minimum of five years experience in a health or social services setting with three years managerial and/or supervisory experience. One year of post-baccalaureate Masters level education in a related field may be substituted for one year of managerial and/or supervisory experience;
- demonstrate organizational and interpersonal skills needed to work in complex situations;
- demonstrate awareness and ability to address the culturally unique needs of the target population.

2.2.2.1 The agency must obtain approval for the Program Director from the state assigned Program Consultant **prior** to appointment. This includes submission of the candidate's resume, curriculum vitae or application, along with the job description/duty statement, and agency organizational chart showing location of the AFLP/ASPPP director.

- The waiver is granted for a particular person and remains in place only as long as that person occupies the position for which the waiver was approved. If the person for whom the waiver was issued changes position or leaves employment with the agency, the waiver is void and the requirement reverts to the policy for minimum qualifications and approval of the director as outlined above.

2.2.2.2 If Program Director requirements were waived, a copy of the approved waiver for the Program Director and an explanation for continuing the waiver must be maintained in the agency files and

submitted with the agency's Application for Allocation or Grant Application

2.2.3 Each agency will notify MCH of the resignation or proposed change in program director and submit a plan for the interim oversight of the program until a new director is identified and approved by the MCH Branch. (See item 2 above under "Program Director Requirements"). The individual designated as interim program director must, at a minimum, meet the Program Director Waiver criteria detailed above.

2.2.3.1 The agency must submit its interim plan to MCH within two weeks of notification of the program director's resignation. At a minimum the plan must include the title and name of the person that will assume contractual responsibility for the program, the responsibilities the individual will assume if different from the "program director" duty statement, the projected timeframe of the interim director's tenure and the agency's plan for permanently filling the position.

2.2.3.2 Agencies which do not hire a Program Director within 90 days of the position becoming vacant must provide written explanation detailing obstacles preventing filling the position, strategies for filling the position and a projected timeframe.

2.2.4 Each agency will maintain an organizational chart that clearly delineates lines of program authority and responsibility within the agency, and written job descriptions/duty statements for all staff positions working in AFLP/ASPPP.

Note: Job specification/classification need only be submitted with the AFA for positions claiming enhanced funding. Enhanced funding can only be claimed by a local government entity and must meet and complete all requirements specified in the FFP guidelines.

2.2.4.1 The written job specification/classification shall include:

- Position title by which the position is identified.
- Scope of responsibilities and duties for the position.
- Qualifications, including the necessary education or competencies, years of experience, and other pertinent information.

The written duty statements shall include:

- Program specific title by which the position is identified on the budget.
- Program specific responsibilities that support the SOW and Program Standards.
- Only those duties performed for the AFLP/ASPP program.

- Minimum qualifications including the necessary education/degree or competencies, years of experience, and other pertinent information unless included in the job specification/classification submitted.
- Duties consistent with the level of Medi-Cal Administrative Claiming (Federal Financial Participation –FFP) on the budget (if claiming enhanced funding).
- The statement that the position requires a Skilled Professional Medical Personnel (SPMP) if enhanced funding is claimed.
 - Duty statements for SPMP and non-SPMP positions that perform like or similar duties/responsibilities must clearly identify the specialized skills used in the position that warrants the enhanced funding and is not provided by the non-SPMP position.

2.2.4.2 The agency will submit organizational charts, job descriptions/duty statements and staff qualifications for each classification to the MCH Branch for approval:

- With the application (RFA) for funding.
- When there are changes in the organizational structure or staffing patterns.
- When existing job descriptions/duty statements are revised.

2.2.5 Each agency's director shall attend all scheduled statewide directors' meetings.

2.2.5.1 The MCH Branch will notify each director of the date, time, and location of the meetings.

2.2.5.2 In the event of an emergency, directors who cannot attend the scheduled meeting must select a designee to attend in their place and notify the state assigned Program Consultant.

2.2.5.3 MCH Branch will reimburse each director or designee for allowable travel costs.

2.2.5.4 All travel claims will be submitted to the designated MCH staff for reimbursement as stipulated by written information prior to the meeting.

- Any claim for reimbursement of less than \$10.00 should be combined with the travel claim for the following meeting.

2.2.5.5 Each attendee is required to sign in at the meetings in order to claim for travel reimbursement.

2.2.6 Each agency will maintain an AFLP/ASPPP related education and training program for staff that will include, at a minimum, the following:

- program orientation
- mandated reporting requirements and procedures
- confidentiality of client information
- staff role and responsibility for meeting the requirements and overall intent of the program as delineated in the SOW and program standards
- training Needs Assessment
- on-going in-service education based on the training needs assessment

2.3 Procedures

- 2.3.1 All appointments for AFLP and ASPPP Director shall be submitted to MCH for approval
- 2.3.1.1 All waivers must be submitted in writing to MCH
- 2.3.2 Job descriptions/classifications and duty statements kept on file for review.
- 2.3.3 Documentation of the personnel and training needs assessment will be kept on file at the agency.
- 2.3.4 Documentation of the education and training conducted, including program content and attendees will be kept on file at the agency.

3.0 CLIENT PARTICIPATION

- 3.1 **Policy:** Each agency shall maintain an AFLP and ASPPP that meets the needs of their clients

3.2 Program Requirements

- 3.2.1 Agencies must establish risk factors to determine acuity and prioritize clients for entry to AFLP or ASPPP. Risk factors shall include, but not be limited to the following:

AFLP	ASPPP
<ul style="list-style-type: none"> • Age (15 yrs or younger) • African American • Chronic Health Conditions (diabetes, asthma, eating disorders, etc.) • Pregnancy • Sexually Active • Parental Involvement (non supportive) • Home Environment (unsafe/unstable) • Housing (living arrangements) • Substance abuse/use • Mental Health Issues • Physical risk/harm to self or 	<ul style="list-style-type: none"> • Age (14 or younger) • Latino/Latina • Chronic Health Conditions (diabetes, asthma, eating disorders, etc.) • Sexually Active • Parental Involvement (non supportive) • Home Environment (unsafe/unstable) • Housing (living arrangements) • Substance abuse/use • Mental Health Issues • Physical risk/harm to self or others.

others. <ul style="list-style-type: none"> • Problem Behavior • Academic Failure • No Prenatal care or Late entry into prenatal care • Juvenile Justice Involvement • Gang Involvement • Lack of support system • Language barrier 	<ul style="list-style-type: none"> • Problem Behavior • Academic Failure • Juvenile Justice Involvement • Gang Involvement • Lack of support system • Language barrier
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3.2.1.1 Prioritize and weigh risk factors based on local needs.

3.2.1.2 Risk factors must be documented in the Standards Implementation Document.

Note: The intent of AFLP is to continue to give high priority to younger clients. Procedures for intake should reflect the emphasis on serving high-risk young adolescents who are not receiving services from other providers.

3.2.2 Each agency shall negotiate with the MCH Branch the number of months of service to be provided each fiscal year of the grant or allocation period. The contracted number of months of service shall be equivalent to the allocated number of client-slots (see glossary for definition of client-slots) times 12 months.

3.2.2.1 The agency will provide 100% of the negotiated months of service each fiscal year of the grant or allocation period.

3.2.2.2 In order to meet the total contracted months of service, the agency will provide 12 months of *continuous* case management services for each client-slot.

3.2.2.3 When a client exits the program, the agency will fill the vacant client-slot in order to meet the MOS in their agreement.

3.2.2.4 Each agency will track the number of clients and months of service provided through the State management information system (MIS).

3.2.2.5 If an agency determines that the need for ALFP and/or ASPPP services is greater or less than originally anticipated, a request to renegotiate the contracted MOS should be submitted to MCH for consideration

3.2.3 Agencies will utilize the California Department of Health Services, Maternal & Child Health case management model (AFLP/ASPPP Program Standards) for the provision of services to AFLP and (if funded)

ASPPP clients. Case manager caseloads shall not exceed 40 clients per one (1) full-time equivalent case manager.

3.2.3.1 Each agency will provide the following for each Client:

- Intake (includes all elements in Standard V of the Program Standards),
- baseline assessment,
- individual service plan (ISP) (see policy and procedure for ISP),
- referrals for needed services based on those identified during the
- assessment process and prescribed in the ISP,
- monthly face-to-face contact with clients in accordance with the agency's SID,
- quarterly home visits,
- advocacy and support,
- monitoring of the clients progress and changing needs,
- evaluation of Client Progress and continued need for services.

3.2.4 An Individual Service Plan (ISP) will be in place for each AFLP and/or ASPPP client.

3.2.4.1 The ISP will be completed within 60 days of the client's consent to participate in the program.

3.2.4.2 The ISP will be completed in a face-to-face contact with client

3.2.4.3 The ISP will be reviewed and revised at least quarterly.

3.2.4.4 Each ISP and revision must be dated

3.2.4.5 The ISP will be developed by the case manager in collaboration with the client in the clients' primary language.

3.2.4.6 The ISP will include goals, objectives, services, activities, timelines, progress, and the roles of client and case manager

3.2.4.7 The case manager and the client will implement the activities in the ISP.

3.2.4.8 The case manager will monitor and evaluate progress of the goals and objectives in the ISP.

3.2.4.9 A copy of the ISP signed by the Client and Case Manager will be in the case file and given to each Client.

3.2.5 A Comprehensive Baseline Assessment (CBA) will be in place for each AFLP and ASPPP client and maintained in the client record.

3.2.5.1 The Baseline Assessment must be completed within 30 days of the client's consent to participate.

3.2.5.2 Baseline Assessments shall be documented in each client's chart

3.2.5.3 The Comprehensive Baseline Assessment must include, but not be limited to, the following elements:

AFLP	ASPPP
<ul style="list-style-type: none"> • General Health • Nutrition • Family Planning/Health Education • Pregnancy, labor, birth and postpartum, as applicable • Education/Vocation • Life Skills • Employment/Job Training • Fatherhood, as applicable • Psychosocial (basic needs including financial/legal, drug and alcohol history, mental health history) • Safety/violence/abuse • Index child, as applicable • Parenting Education/Child Development, as applicable • Social Programs/Special Interests • Religious Community Involvement • Signed and dated by Case Manager • Date, Name and Title of individual completing the assessment 	<ul style="list-style-type: none"> • General Health • Nutrition • Family Planning/Health Education • Education/Vocation • Life Skills • Employment/Job Training • Psychosocial (basic needs including degree of parental supervision, financial/legal, drug and alcohol history, mental health history) • Safety/Violence/Abuse • Social Programs/Special Interests • Religious Community Involvement • Date, Name and Title of individual completing the assessment

Note: See Appendix B for the suggested AFLP CBA format and instructions and Appendix C for the suggested ASPPP CBA format and instructions.

3.2.5.4 For clients who have been exited from the program for 6 months or more, another initial baseline assessment must be completed upon re-entry.

3.2.5.5 A comprehensive reassessment of the AFLP and ASPPP client will be completed no less than annually

- The re-assessment will include all elements contained in the comprehensive baseline assessment

3.2.6 AFLP services are available to high risk adolescent females through age 18 years who are pregnant or parenting and not enrolled in Cal-Learn. Agencies may also enroll adolescent males through age 20 years who

are either parenting or expectant fathers and not enrolled in Cal-Learn. The potential Client must be actively involved in her/his child's life.

3.2.6.1 Based on program risk factors, agencies will assess and prioritize clients for enrollment (see policy and procedure for Client Risk Factors).

3.2.7 ASPPP services are available for high risk adolescents age 11 through 18 who are the non-pregnant/non-parenting siblings of AFLP or Cal-Learn clients. ASPPP clients shall be limited to two (2) siblings per AFLP or Cal-Learn family. A sibling may not enter the program after the AFLP or Cal-Learn adolescent has exited the program. A sibling may enter the program if s/he is on a waiting list at the time the AFLP or Cal-Learn client exits.

3.2.7.1 Based on program risk factors, the agency will assess and prioritize clients for enrollment.

3.2.8 AFLP Clients will be exited from the program based on criteria specified in the AFLP Standards. These include clients who:

- move out of the area,
- cannot be contacted for three consecutive months,
- have attained age 20 for females and age 21 for males,
- requests termination,
- have accomplished program goals,
- choose not to complete goals at this time,
- no longer need AFLP services,
- are no longer pregnant or parenting.

ASPPP Clients will be exited from the program based on criteria specified in the ASPPP Standards. These include clients who:

- move out of the area,
- cannot be contacted for three consecutive months,
- have attained age 19 for both males and females,
- have accomplished ISP goals,
- requests termination,
- choose not to complete goals at this time,
- no longer need ASPPP services,
- become pregnant (within 30 days of confirmation).

Note: If the AFLP/Cal-Learn client exits the program, the sibling who is currently enrolled in the ASPPP component may continue to receive services until they meet exit criteria.

3.2.8.1 The exit process should include development of an exit/transition plan for each client whenever possible.

3.2.8.2 Closure activities should be initiated at least 3 months prior to anticipated exit date for clients who will lose program eligibility due to age or who met the program goals.

3.2.8.2 Case Managers must document the reason for exit in the client's chart, and complete the appropriate State MIS Data form.

3.3 Procedures

3.3.1 Agency will document all assessments in client file

3.3.2 The agency will document its process for exiting clients from the program in the Standards Implementation Document.